



11/01/12

PTO/SB/81 (01-09)

Approved for use through 11/30/2011. OMB 0651-0035

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<b>Application Number</b>	09/665634
<b>Filing Date</b>	09/19/2000
<b>First Named Inventor</b>	Shaw, Thomas J.
<b>Title</b>	Cap Operated Retractable Medical Device
<b>Art Unit</b>	
<b>Examiner Name</b>	
<b>Attorney Docket Number</b>	575329-74019

I hereby revoke all previous powers of attorney given in the above-identified application.

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Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on \_\_\_\_\_

**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	10/22/12
Name	Thomas J. Shaw	Telephone	972-294-1010
Title and Company	CEO, Retractable Technologies, Inc.		

**NOTE:** Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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